Presented
December 7, 2006
by
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LRT (R)(M)(QM)(CT)
ARDMS
MT (AMT)(AAB)(NCA)



Objectives:

Anatomy ----- the basics

Pathology -----under the microscope

TNM System ---- understanding terms

Staging -----progression of disease

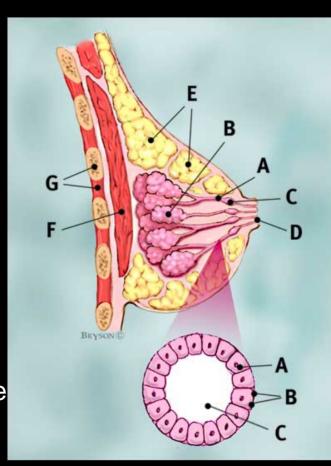
Treatment & Survival Rates ----- hope for the future

Questions ----- ???



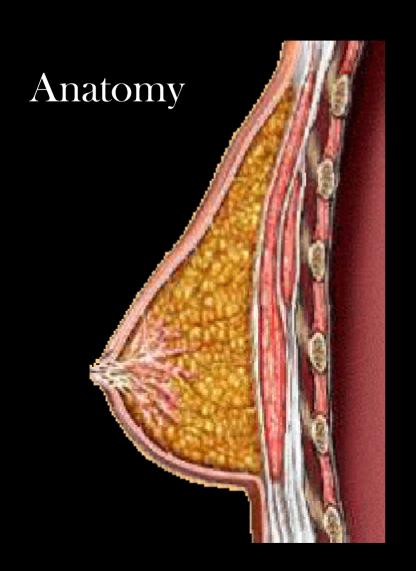
Anatomy

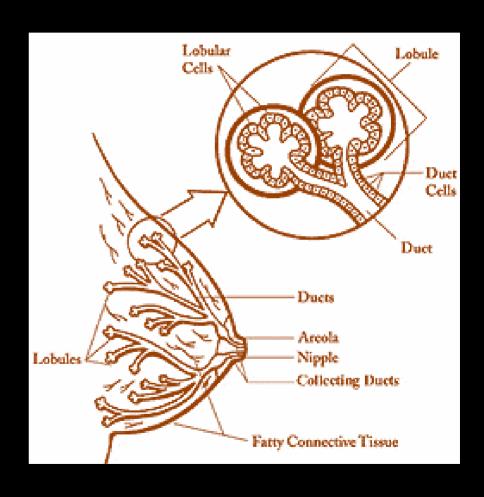
- A ducts
- **B** lobules
- C dilated section of duct to hold milk
- **D** nipple
- E fat
- F pectoralis major muscle
- G chest wall/rib cage



Enlargement:

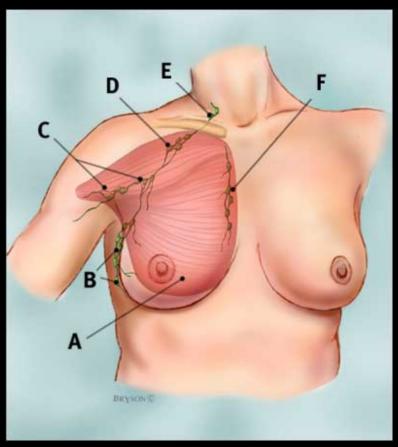
- A normal duct cells
- **B** basement membrane
- C lumen (center of duct)





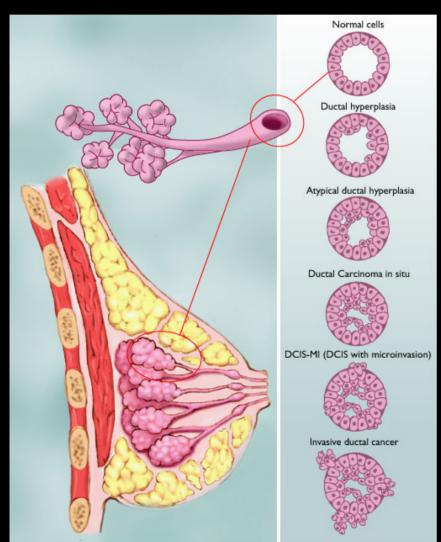
Anatomy <u>Axillary Lymph Nodes</u>

- A pectoralis major muscle
- B axillary lymph nodes: levels I
- C axillary lymph nodes: levels II
- D axillary lymph nodes: levels III
- E supraclavicular lymph nodes
- F internal mammary lymph nodes



Pathology

Progression of Ductal Carcinoma



Normal Cells

Ductal Hyperplasia

Atypical Ductal Hyperplasia

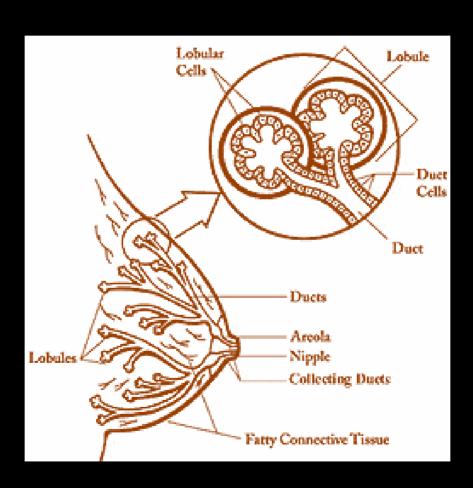
Ductal Carcinoma in situ

DCIS - M1 (DCIS with micro invasion)

Invasive Ductal Carcinoma

www.breastcancer.org

Pathology



Pathology

Ductal Carcinoma in situ

A ducts

B lobules

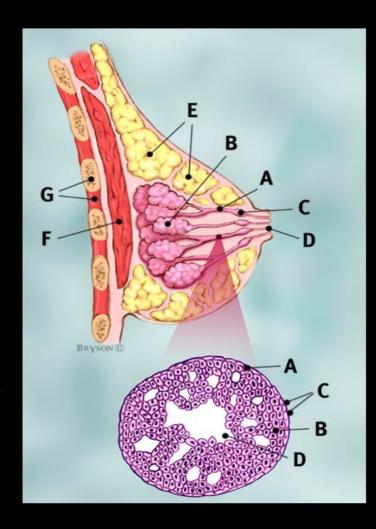
C dilated section of duct to hold milk

D nipple

E fat

F pectoralis major muscle

G chest wall/rib cage



Enlargement:

A normal duct cells

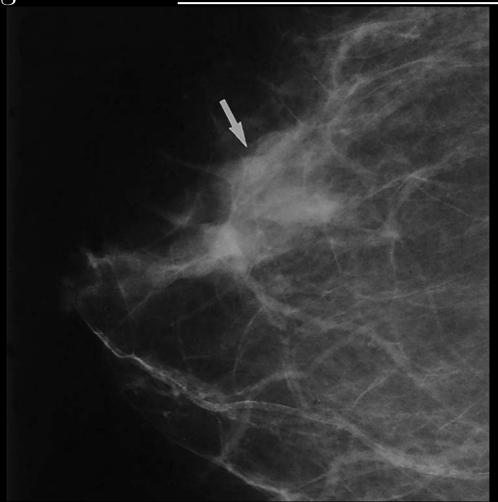
B ductal cancer cells

C basement membrane

D lumen (center of duct)

www.breastcancer.org

Mammogram Ductal Carcinoma in situ

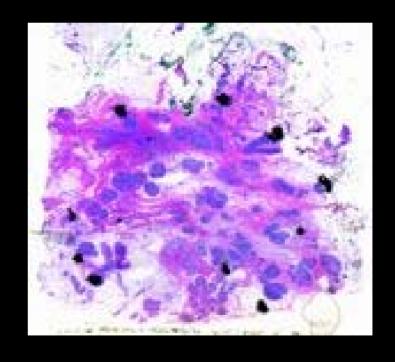


Ductal Carcinoma in situ

Pathology

Under the Microscope





Pathology

Invasive Ductal Carcinoma

A ducts

B lobules

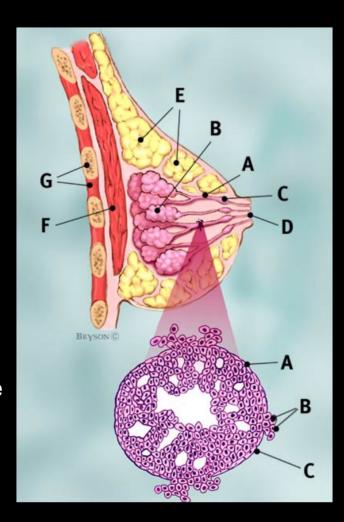
C dilated section of duct to hold milk

D nipple

E fat

F pectoralis major muscle

G chest wall/rib cage



Enlargement:

A normal duct cells

B ductal cancer cells breaking through the basement membrane

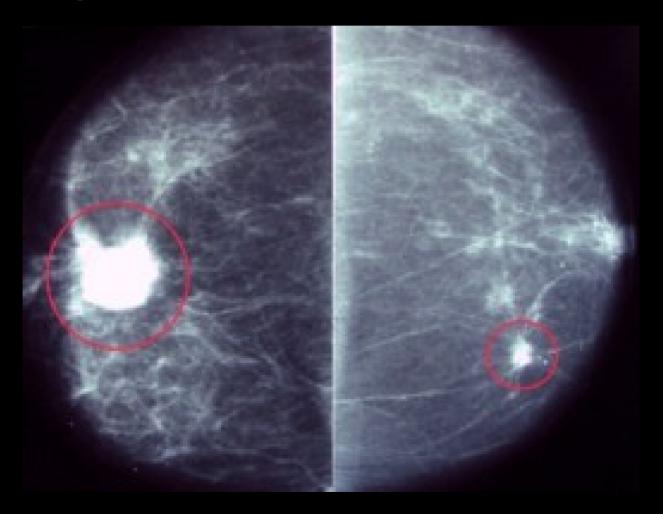
C basement membrane

www.breastcancer.org

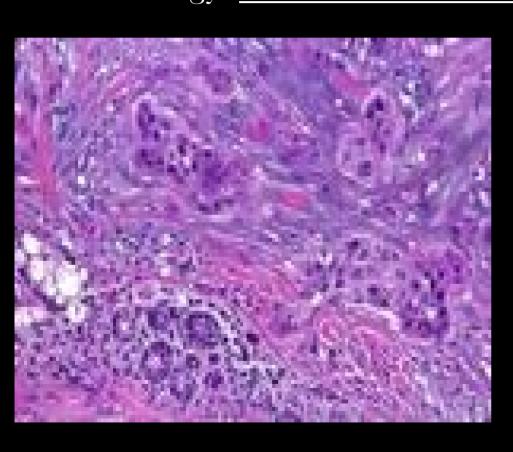
Mammogram Invasive Ductal Carcinoma

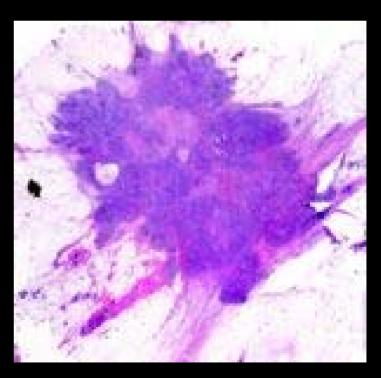


Mammogram Invasive Ductal Carcinoma



Inside the Mammogram: Pathology& Staging <u>Invasive Ductal Carcinoma</u> Pathology <u>Under the Microscope</u>





Pathology

Lobular Carcinoma in situ

A ducts

B lobules

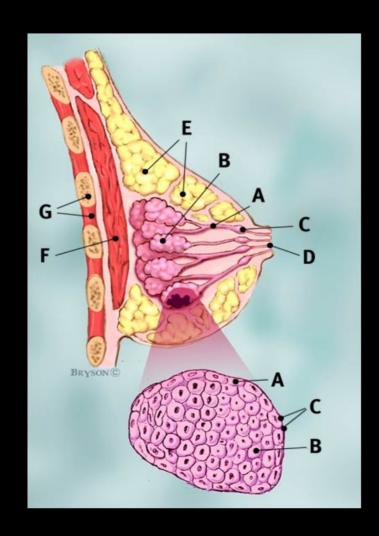
C dilated section of duct to hold milk

D nipple

E fat

F pectoralis major muscle

G chest wall/rib cage



Enlargement:

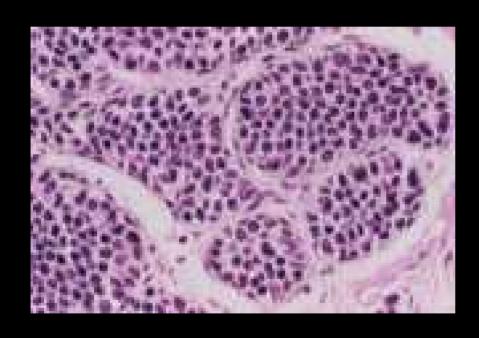
A normal lobular cells

B lobular cancer cells

C basement membrane www.breastcancer.org

Mammogram Lobular Carcinoma in situ

Inside the Mammogram: Pathology& Staging Lobular Carcinoma in situ Pathology Under the Microscope



Pathology

Invasive Lobular Carcinoma

A ducts

B lobules

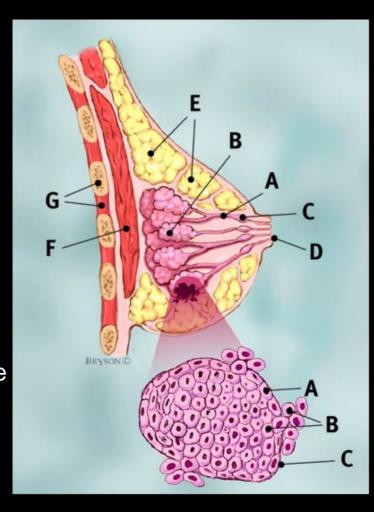
C dilated section of duct to hold milk

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E fat

F pectoralis major muscle

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Enlargement:

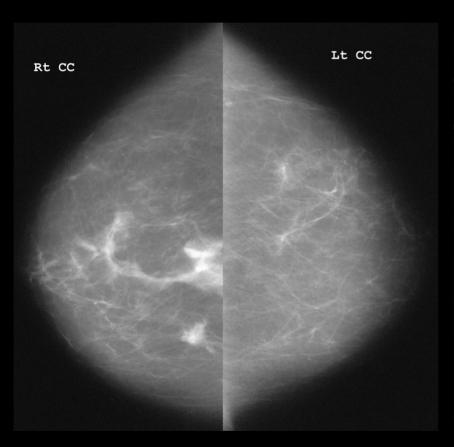
A normal cells

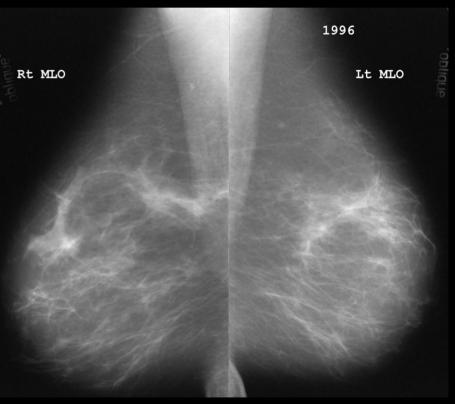
B lobular cancer cells breaking through the basement membrane

C basement membrane

www.breastcancer.org

Inside the Mammogram: Pathology& Staging Mammogram Invasive Lobular Carcinoma



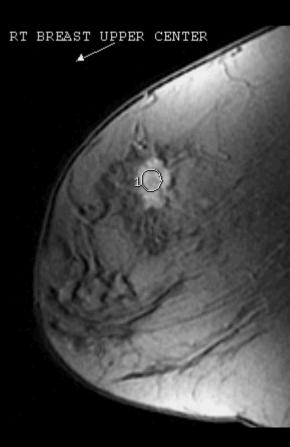


Inside the Mammogram: Pathology& Staging Invasive Lobular Carcinoma

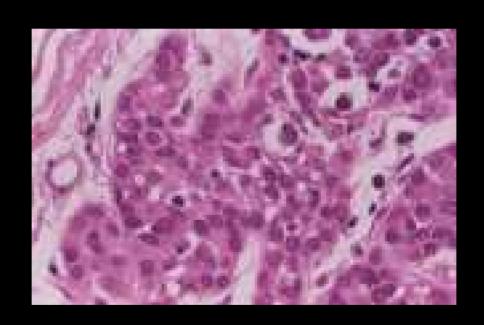
<u>MRI</u>







Inside the Mammogram: Pathology& Staging <u>Invasive Lobular Carcinoma</u> Pathology <u>Under the Microscope</u>



TNM System

Staging: A way of describing a cancer, such as where it is located, where it has spread, and if it is affecting the functions of other organs.

TUMOR

NODES

METASTASIS



TUMOR

"T" + LETTER OR NUMBER

(O TO 4) DESCRIBES THE SIZE

AND LOCATION OF THE TUMOR



TUMOR

TX: The primary tumor cannot be evaluated

T0: There is not evidence of cancer in the breast

Tis: Carcinoma in situ (DCIS) (LCIS) (Paget's)



TUMOR

T1: A tumor in the breast is 2 cm or smaller in

size at its widest dimension

T1mic: Micro-invasion, or micro-metastases, means

a few cancer cells have spread to

surrounding tissue, but none larger than 0.1 cm

The tumor is larger than 0.1 cm but smaller than

0.5 cm

T1b: The tumor is larger than 0.5 cum but smaller than 1 cm

T1c: The tumor is larger than 1 cm but not larger than 2cm

TUMOR

T2: The tumor is larger than 2 cm but not larger than 5 cm

T3: The tumor is larger than 5 cm



TUMOR

T4: The tumor has spread to the chest wall or to the skin or is diagnosed as inflammatory breast cancer

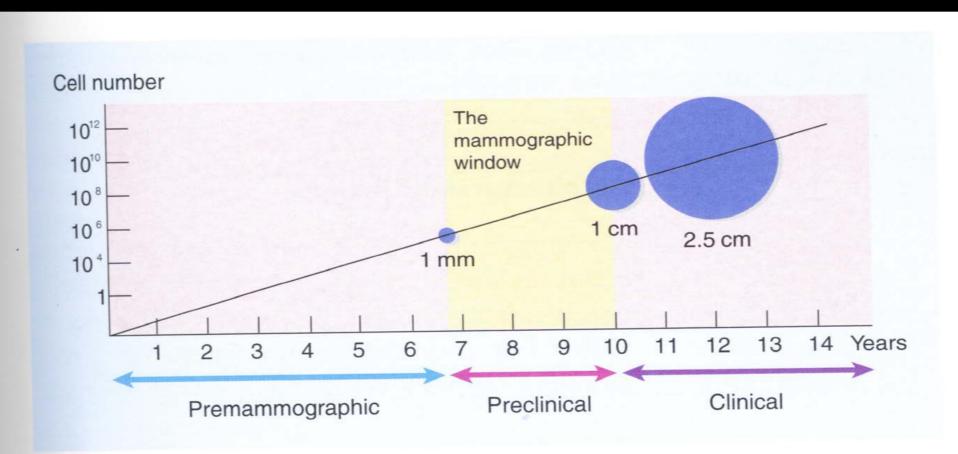
T4a: The tumor has spread to the chest wall

T4b: There is edema (swelling), thickening of the skin (as in peau d'orange), or ulceration (a sore, painful area where the breast skin/tissue is breaking down) of the breast skin or surrounding skin nodules of the same breast

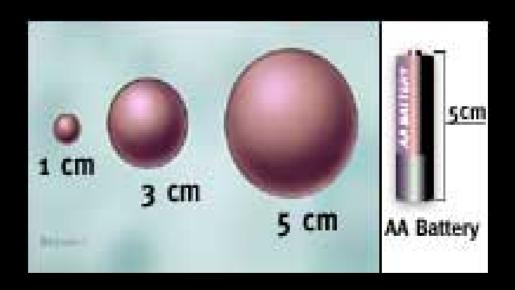
T4c: There signs of both T4a and T4b

T4:d Refers to inflammatory carcinoma. This is an aggressive type of breast cancer where the breast is red, swollen and warm.

TUMOR



TUMOR



TUMOR

NODES

"N" IS FOR 'LYMPH NODES'

A pectoralis major muscle

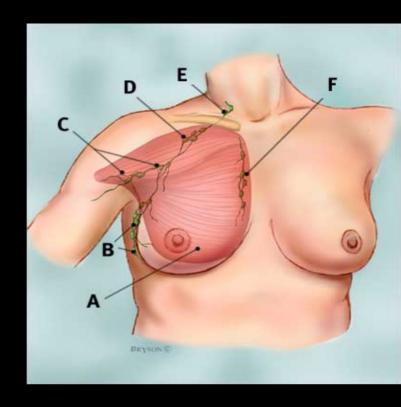
B axillary lymph nodes: levels I

C axillary lymph nodes: levels II

D axillary lymph nodes: levels III

E supraclavicular lymph nodes

F internal mammary lymph nodes



NODES

NX: The lymph nodes cannot be assessed

No: No Cancer was found in the lymph nodes

N1: The cancer has spread to 1 to 3 axillary lymph nodes



NODES

N2: The cancer has spread to 4 to 9 lymph nodes under the arm or to the internal mammary lymph nodes (lymph nodes to the right or left of the sternum [breast bone] on the inside of the chest) without axillary node involvement

N2a: The cancer has spread to 4 to 9 lymph nodes under the arm (at least one tumor deposit is larger than 2 mm)

N2b: The Cancer has spread only to the internal mammary lymph nodes



NODES

N3: The Cancer has spread to 10 or more lymph nodes under the arm or to the infra-clavicular lymph nodes (located under the collarbone) or to the internal mammary nodes with axillary node involvement

N3a: The cancer has spread to 10 or more lymph nodes under the arm or to the infra-clavicular lymph nodes

N3b: The cancer has spread to internal mammary nodes and axillary nodes

N3c: The cancer has spread to the supra-clavicular lymph nodes



METASTASIS

66 M 99

INDICATES IF CANCER
HAS SPREAD TO OTHER
PARTS OF THE BODY



METASTASIS

MX: Distant spread cannot be assessed

M0: The disease has not metastasized

M1: There is metastasis to another part of the body



Staging: A way of describing a cancer, such as where it is located, where it has spread, and if it is affecting the functions of other organs.

- **3** Stage 0
- **%** Stage I
- **%** Stage II A
- **%** Stage II B
- **%** Stage III A
- **%** Stage III B
- **%** Stage III C
- **%** Stage IV

Stage 0

TUMOR

Non-invasive; DCIS or LCIS (TX, T0, Tis)

NODES

No spread to nodes (NX, N0)

METS

% None (M0)

Stage I

TUMOR

Q Up to 2 cm (T1)

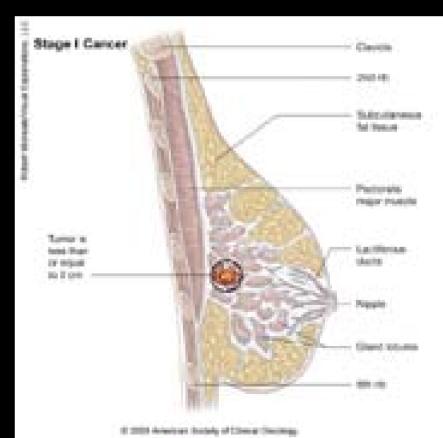
NODES

N No spread to nodes (N0)

METS

X None (M)

T1, NO, MO



Stage II A

TUMOR

No tumor found in breast or is less than 2 cm (T0, T1)

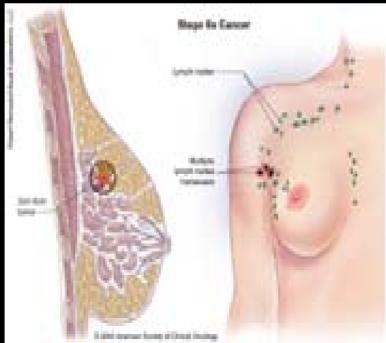
NODES

1 - 3 Axillary nodes involved; may have microscopic disease in internal mammary nodes (N1)

METS

None (M)

T1, N1, M0



TUMOR

\(\) Larger than than 2 cm., but less than 5 cm (T2)

NODES

No Spread to nodes (N0)

METS

% None (M0)

T2, NO, MO

Stage II B

TUMOR

**** Larger than than 2 cm., but less than 5 cm (T2)

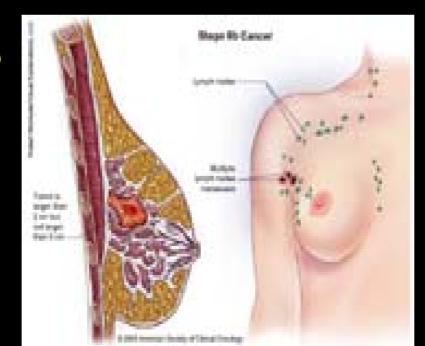
NODES

1 - 3 axillary nodes involved (N1)

METS

3 None (M0)

T2, N1, M0



TUMOR

1 Tumor more than 5 cm. (T3)

NODES

% No Spread to nodes (N0)

METS

% None (M0)

T3, NO, MO

Stage III A

TUMOR

3 Smaller than 5 cm (T2)

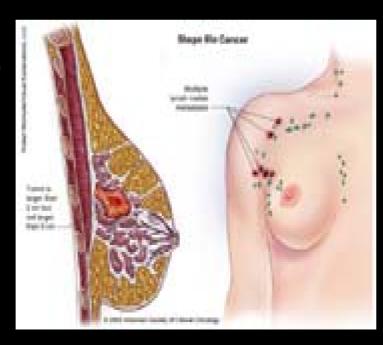
NODES

1 4 – 9 axillary nodes involved or spread next to breastbone (N2)

METS

% None (M0)

T2, N2, M0



TUMOR

• Larger than 5 cm (T3)

NODES

Spread to 1 - 9 axillary nodes
+ / - spread to nodes next to
breastbone (N2)

METS

• None (M0)

T3, N2, M0

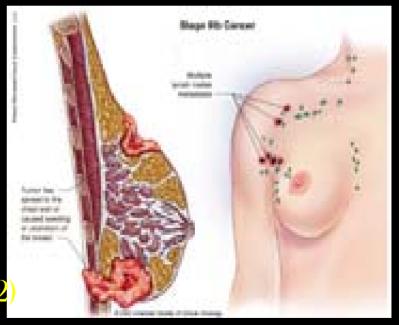
Stage III B

TUMOR

Any Size, but with spread to skin and/or chest wall (T4)

NODES

Q 0 – 9 axillary nodes involved; may or may not have spread to nodes next to breastbone (N2)



METS

• None (M0)

T4, N2, M0

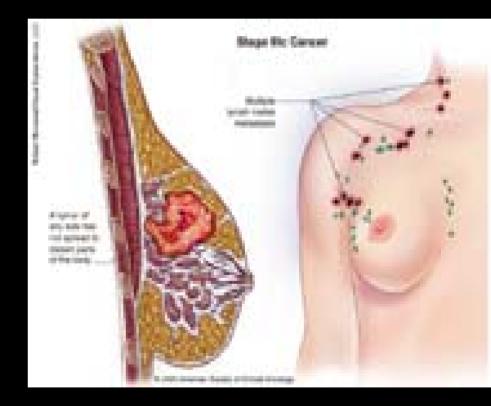
Stage III C

TUMOR

A Any Size (T1, T2, T3)

NODES

Spread to 10+ axillary nodes or to nodes above/below clavicle or to nodes next to breastbone (N3)



METS

% None (M0)

T3, N3, M0

Stage IV

TUMOR

A Any Size (T1,T2,T3)

METASTIC BREAST CANCER

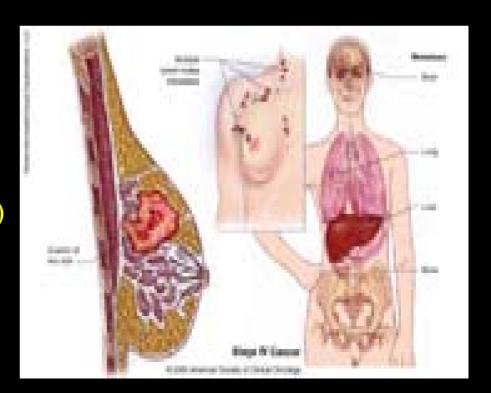
NODES

May or may not have spread to nodes (N0,N1,N2,N3)

METS

2 Spread to distant organs (M1)

T1, N2, M1 T2, N1, M1 T3, N3, M1



SURVIVAL RATES

Stage 0

Non-invasive cancers:

DCIS

LCIS

Treatment:

Most patients with a small DCIS can have a lumpectomy and radiation therapy.



SURVIVAL RATES

Stage 0

Non-invasive cancers:

DCIS

LCIS

Prognosis:

Excellent. The 15 yr disease specific survival is 98% for DCIS. LCIS is not a cancer, but is a risk factor for breast cancer.

SURVIVAL RATES

Stage I

Limited Cancer: The cancer is 2 cm or less and has not spread to nodes or distant organs

Treatment:

Lumpectomy and radiation therapy vs. mastectomy.



SURVIVAL RATES

Stage I

Limited Cancer: The cancer is 2 cm or less and has not spread to nodes or distant organs

Prognosis:

Very Good. Almost all are alive 5 years after diagnosis. Most will live much longer.



SURVIVAL RATES

Stage II

Cancer up to 5 cm, and may have early spread to nodes.

Treatment:

Lumpectomy + radiation therapy vs. mastectomy. Chemo therapy is recommended.



SURVIVAL RATES

Stage II

Cancer up to 5 cm, and may have early spread to nodes.

Prognosis:

Good. Depending on tumor size, number of nodes involved and other features, 81% to 92% live at least 5 years after diagnosis

SURVIVAL RATES

Stage III

Locally advanced cancer. Tumor is 5 cm or smaller, but involves 4 – 9 axillary nodes; or tumor has invaded chest wall or skin

Treatment:

Usually mastectomy + chemotherapy. May choose lumpectomy + radiation + chemotherapy

SURVIVAL RATES

Stage III

Locally advanced cancer. Tumor is 5 cm or smaller, but involves 4 – 9 axillary nodes; or tumor has invaded chest wall or skin

Prognosis:

Fair. Depending on the number of nodes involved and tumor characteristics 54% to 67% live at least 5 years after diagnosis

SURVIVAL RATES

Stage IV

Metastatic (Distant Spread)

Treatment:

Focus on quality of life and prolonging life by months to years endocrine and or chemo therapy



SURVIVAL RATES

Stage IV

Metastatic (Distant Spread)

Prognosis:

Not Good. Average survival is 1.5 to 2 years; variable. About 20% of patient will survive at least 5 years.





QUESTIONS ? ?

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